Atty. Dkt. No. 017446-0337

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Hideo YAMAGATA

Title:

MEMORY INFORMATION BACKUP METHOD AND

SYSTEM FOR CELL PHONE

Appl. No.:

Unassigned

Filing Date:

November 4, 2003

Examiner:

Unassigned

Art Unit:

Unassigned

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Hideo YAMAGATA

Enclosed are:

- [X] Application Data Sheet (37 CFR 1.76) (2 pages).
- [X] Specification, Claim(s), and Abstract (37 pages).
- [X] Formal drawings (12 sheets, Figures 1-4, 5A, 5B, 6-11, 12A, 12B).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to NEC CORPORATION (2 pages).
- [X] Assignment Recordation Cover Sheet.
- [X] Claim for Convention Priority and Priority Document.
- [X] Information Disclosure Statement (2 pages).

[X] Form PTO/SB/08 with copies of 4 listed references.

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims	•	Rate		Fee Totals
Basic Fee							\$770.00		\$770.00
Total Claims:	14	-	20	=	0	X	\$18.00	=	\$0.00
Independ ents:	3	-	3	_ =	0	x	\$86.00	=	\$0.00
If any Multiple Dependent Claim(s) present:						+	\$290.00	=	\$0.00
						SU	JBTOTAL:	=	\$770.00
[] Small Entity Fees Apply (subtract ½ of above):								=	\$0.00
					TOTA	L FI	LING FEE:	=	\$770.00
Assignment Recordation Fee:						+	\$40.00	=	\$40.00
						T	OTAL FEE	=	\$810.00

- [X] A check in the amount of \$810.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: November 4, 2003

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